MDS 3.0: The Mini-series
Session #6

Sue Pinette RN

February 2021

1

MDS 3.0 – The Mini-series
Agenda

- Welcome
- Questions from previous session?
- Section J
- Section GG

2

MDS 3.0 – The Mini-series Session #3

Questions from Session #5?

3

MDS 3.0 – The Mini-series Section J

Section J

Intent: The intent of the items in this section is to document a number of health conditions that impact the resident's functional status and quality of life. The items include an assessment of pain which uses an interview with the resident or staff if the resident is unable to participate. The pain items assess the presence of pain, pain frequency, effect on function, intensity, management and control. Other items in the section assess dyspnea, tobacco use, prognosis, problem conditions, falls, prior surgery, and surgery requiring active SNF care.

4

MDS 3.0 – The Mini-series
Section J

J0100: Pain Management (5-Day Look Back)

J0100. **Pain Management** - Complete for all residents, regardless of current pain level	
At any time in the last **5** days, has the resident:	
Enter Code ☐	**A. Received scheduled pain medication regimen?** 0. **No** 1. **Yes**
Enter Code ☐	**B. Received PRN pain medications OR was offered and declined?** 0. **No** 1. **Yes**
Enter Code ☐	**C. Received non-medication intervention for pain?** 0. **No** 1. **Yes**

J0200. **Should Pain Assessment Interview be Conducted?** Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)	
Enter Code ☐	0. **No** (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. **Yes** → Continue to J0300, Pain Presence

5

MDS 3.0 – The Mini-series
Section J

Definition

Pain: Any type of physical pain or discomfort in any part of the body. It may be localized to one area or more generalized. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. Pain is very subjective; pain is whatever the experiencing person says it is and exists whenever he or she says it does.

Steps for Assessment: Basic Interview Instructions for Pain Assessment Interview (J0300-J0600): RAI Manual, pages J-7 and J-8

J0300-J0600: Pain interview

J0700: Should the staff assessment for pain be conducted?

J0800-J0850: Staff assessment for pain

6

MDS 3.0 – The Mini-series
Section J

Section J Other Health Conditions

J1100 Shortness of Breath: 7 day look-back, check all that apply

J1300 Current Tobacco Use: *in any form*

J1400 Prognosis, If the physician states that the resident's life expectancy may be less than six months, request that he or she document this in the medical record. Do not code until there is documentation in the medical record. (RAI Manual, page J-24)

7

MDS 3.0 – The Mini-series
Section J

Section J Problem Conditions

J1550:

A. Fever
B. Vomiting
C. Dehydrated
D. Internal Bleeding
Z. None of the above

Seven day look-back period

8

MDS 3.0 – The Mini-series
Section J

Section J Health Conditions

J1700: Fall History on admission/entry or reentry (if A0310A = 1 or A0310E=1; 30 and 180 day look-back; fractures due to falls in the six months prior to admission)

J1800: Any falls since admission/entry or reentry or the prior assessment, whichever is more recent (yes or no)

J1900: Number of falls since admission/entry or reentry or the prior assessment, whichever is more recent - no injury, injury (not major), major injury

9

MDS 3.0 – The Mini-series
Section J

Definition of a Fall:

Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer, or identified when a resident is found on the floor or ground.

Falls include any fall, whether it occurred at home, while out in the community, in an acute hospital, or a nursing home. Falls are not a result of an *overwhelming external force* (e.g., a resident pushes another resident).

An intercepted fall occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person—this is still considered a fall.

10

MDS 3.0 – The Mini-series
Section J

J1900

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent		
Coding: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes	
	☐	**A. No injury** - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
	☐	**B. Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	☐	**C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

It is important to ensure the accuracy of the level of injury resulting from a fall. Since injuries can present themselves later than the time of the fall, **the assessor may need to look beyond the ARD to obtain the accurate information for the complete picture of the fall that occurs in the look back of the MDS**.

11

11

MDS 3.0 – The Mini-series
Section J

Definition of Injury Related to a Fall:

Any documented injury that occurred as a result of, or was recognized within a short period of time (e.g., hours to a few days) after the fall and attributed to the fall.

Steps for Assessment (RAI Manual, Chapter 3, page J-32):

6. Review any follow-up medical information received pertaining to the fall, **even if this information is received after the ARD (e.g., Emergency Department x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment.**

Coding Tip (RAI Manual, Chapter 3, page J-33)

If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and is at a different injury level than what was originally coded on an assessment that was submitted to QIES ASAP, the assessment must be modified to update the level of injury that occurred with that fall.

Maine Department of Health and Human Services 12

12

MDS 3.0 – The Mini-series
Section J

J2000: Prior Surgery

J2000. Prior Surgery - Complete only if A0310B = 01	
Enter Code ☐	Did the resident have major surgery during the **100 days prior to admission**? 0. **No** 1. **Yes** 8. **Unknown**

Generally, major surgery for item J2000 refers to a procedure that meets the following criteria:

1. The resident was an inpatient in an acute care hospital for at least one day in the 100 days prior to admission to the skilled nursing facility (SNF), **and**
2. The surgery carried some degree of risk to the resident's life or the potential for severe disability.

13

13

MDS 3.0 – SNF/NF
Section J

J2100: Recent Surgery

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA assessment	
Enter Code ☐	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. **No** 1. **Yes** 8. **Unknown**

J2100 is completed for a 5-day (A0310B=1), IPA (A0310B=8), and standalone OBRA assessments (A0310A = 1,2,3,4,5 or 6).

Complete J2300 through J5000 if J2100 is coded as 1, yes.

This item identifies whether the resident had major surgery *during the inpatient stay that immediately preceded the resident's Part A admission*. A recent history of major surgery can affect a resident's recovery.

For an OBRA assessment if the resident has had no major surgery in the past 30 days and no Part A SNF stay, code 0, no.

Maine Department of Health and Human Services 14

14

MDS 3.0 – The Mini-series
Section J

J2100: Recent Surgery

Coding Tips:

- Generally, major surgery for item J2100 refers to a procedure that meets the following criteria:

1. the resident was an inpatient in an acute care hospital for at least one day in the 30 days prior to admission to the skilled nursing facility (SNF), and
2. the surgery carried some degree of risk to the resident's life or the potential for severe disability.

RAI Manual, page J-38

15

15

MDS 3.0 – SNF/NF
Section J

Complete only if J2100 = 1

Check all that apply.

Surgical Procedures - Complete only if J2100 = 1

↓ **Check all that apply**

	Major Joint Replacement
☐	**J2300. Knee Replacement** - partial or total
☐	**J2310. Hip Replacement** - partial or total
☐	**J2320. Ankle Replacement** - partial or total
☐	**J2330. Shoulder Replacement** - partial or total
	Spinal Surgery
☐	**J2400. Involving the spinal cord or major spinal nerves**
☐	**J2410. Involving fusion of spinal bones**
☐	**J2420. Involving lamina, discs, or facets**
☐	**J2499. Other major spinal surgery**
	Other Orthopedic Surgery
☐	**J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand)
☐	**J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot)
☐	**J2520. Repair but not replace joints**
☐	**J2530. Repair other bones** (such as hand, foot, jaw)
☐	**J2599. Other major orthopedic surgery**
	Neurological Surgery
☐	**J2600. Involving the brain, surrounding tissue or blood vessels** (excludes skull and skin but includes cranial nerves)
☐	**J2610. Involving the peripheral or autonomic nervous system** - open or percutaneous
☐	**J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices**
☐	**J2699. Other major neurological surgery**
	Cardiopulmonary Surgery
☐	**J2700. Involving the heart or major blood vessels** - open or percutaneous procedures
☐	**J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords** - open or endoscopic
☐	**J2799. Other major cardiopulmonary surgery**
	Genitourinary Surgery
☐	**J2800. Involving male or female organs** (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
☐	**J2810. Involving the kidneys, ureters, adrenal glands, or bladder** - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
☐	**J2899. Other major genitourinary surgery**
	Other Major Surgery
☐	**J2900. Involving tendons, ligaments, or muscles**
☐	**J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen** - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
☐	**J2920. Involving the endocrine organs** (such as thyroid, parathyroid), **neck, lymph nodes, or thymus** - open
☐	**J2930. Involving the breast**
☐	**J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant**
☐	**J5000. Other major surgery not listed above**

16

16

MDS 3.0 – The Mini-series
Section J

J2300-J5000 Recent Surgeries

Coding Instructions:

Code surgeries that are documented to have occurred in the last 30 days, and during the inpatient stay that immediately preceded the resident's Part A admission, that have a direct relationship to the resident's primary SNF diagnosis, as coded in I0020B.

Do not include conditions that have been resolved, do not affect the resident's current status, or do not drive the resident's plan of care during the 7-day look-back period, as these would be considered surgeries that do not require active care during the SNF stay.

17

17

MDS 3.0 – The Mini-series
Section GG

Section GG

Intent: This section includes items about functional abilities and goals.

It includes items focused on prior function, admission performance, discharge goals, and discharge performance.

Functional status is assessed based on the need for assistance when performing self-care and mobility activities.

Maine Department of Health and Human Services 18

18

MDS 3.0 – The Mini-series
Section GG

Admission: The 5-Day PPS assessment (A0310B = 01) is the first Medicare-required assessment to be completed when the resident is admitted for a SNF Part A stay.

- For the 5-Day PPS assessment, code the resident's functional status based on a clinical assessment of the resident's performance that occurs soon after the resident's admission. This functional assessment must be completed within the first three days (3 calendar days) of the *Medicare Part A* stay, starting with the date in A2400B, Start of Most Recent Medicare Stay and the following two days, ending at 11:59 PM on day three. The assessment should occur, when possible, prior to the resident benefitting from treatment interventions in order to determine the resident's true admission baseline status. Even if treatment started on the day of admission, a baseline functional status assessment can still be conducted. Treatment should not be withheld in order to conduct the functional assessment.

19

MDS 3.0 – The Mini-series
Section GG

Interim Payment Assessment (IPA): The Interim Payment Assessment (IPA) is an *optional* assessment that may be completed by providers in order to report a change in the resident's PDPM classification. For Section GG on the IPA, providers will use the same 6-point scale and activity not attempted codes to complete the column "Interim Performance," which will capture the interim functional performance of the resident. The ARD for the IPA is determined by the provider, and the assessment period is the last 3 days (i.e., the ARD and the 2 calendar days prior).

Discharge: The Part A PPS Discharge assessment is required to be completed when the resident's Medicare Part A Stay ends (as documented in A2400C, End of Most Recent Medicare Stay), either as a standalone assessment when the resident's Medicare Part A stay ends, but the resident remains in the facility; or may be combined with an OBRA Discharge if the Medicare Part A stay ends on the day of, or one day before the resident's Discharge Date (A2000).

20

MDS 3.0 – The Mini-series
Section GG: The Basics

- For the purposes of completing Section GG, a "**helper**" is defined as facility staff who are direct employees or facility-contracted employees (e.g., rehabilitation staff, nursing agency staff). When helper assistance is required because a resident's performance is unsafe or of poor quality, consider only facility staff when scoring according to the amount of assistance provided.
- Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity. If the resident uses adaptive equipment and uses the device independently when performing an activity, enter code 06, Independent.
- Residents with cognitive impairments/limitations may need physical and/or verbal assistance when completing an activity. Code based on the resident's need for assistance to perform the activity safely (for example, choking risk due to rate of eating, amount of food placed into mouth, risk of falling).

21

MDS 3.0 – The Mini-series
Section GG

- If the resident does not attempt the activity and a helper does not complete the activity for the resident during the entire assessment period, code the reason the activity was not attempted. For example, code as **07** if the resident refused to attempt the activity; code as **09** if the activity is not applicable for the resident (the activity did not occur at the time of the assessment and prior to the current illness, injury, or exacerbation); code as **10** if the resident was not able to attempt the activity due to environmental limitations; or code as **88** if the resident was not able to attempt the activity due to medical condition or safety concerns.
- Coding a *dash ("-") in these items indicates "No information." CMS expects dash use for* SNF QRP items to be a rare occurrence. **Use of dashes for these items may result in a 2% reduction in the annual payment update.** If the reason the item was not assessed was that the resident refused (code 07), the item is not applicable (code 09), or the activity was not attempted due to medical condition or safety concerns (code 88), use these codes instead of a dash ("-").

22

MDS 3.0 – The Mini-series
Section GG

- Documentation in the medical record is used to support assessment coding of Section GG. Data entered should be consistent with the clinical assessment documentation in the resident's medical record. (RAI Manual, page GG-14)

- **USUAL PERFORMANCE**: A resident's functional status can be impacted by the environment or situations encountered at the facility. Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's usual performance.

23

MDS 3.0 – The Mini-series
Section GG

Coding Tips for Resident's Usual Performance

- When coding the resident's usual performance, "effort" refers to the type and amount of assistance a *helper* provides in order for the activity to be completed.

- If the resident performs the activity more than once during the assessment period and the resident's performance varies, coding in Section GG should be based on the resident's "usual performance," which is identified as the resident's usual activity/performance for any of the Self-Care or Mobility activities, not the most independent or dependent performance over the assessment period. Therefore, if the resident's Self-Care performance varies during the assessment period, report the resident's usual performance, not the resident's most independent performance and not the resident's most dependent performance. A provider may need to use the entire three-day assessment period to obtain the resident's usual performance.

24

MDS 3.0 – The Mini-series
Section GG

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury

Coding:
3. **Independent** - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.
2. **Needed Some Help** - Resident needed partial assistance from another person to complete activities.
1. **Dependent** - A helper completed the activities for the resident.
8. **Unknown.**
9. **Not Applicable.**

↓ Enter Codes in Boxes	
☐	**A. Self-Care:** Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
☐	**B. Indoor Mobility (Ambulation):** Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
☐	**C. Stairs:** Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
☐	**D. Functional Cognition:** Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury

↓ Check all that apply	
☐	**A. Manual wheelchair**
☐	**B. Motorized wheelchair and/or scooter**
☐	**C. Mechanical lift**
☐	**D. Walker**
☐	**E. Orthotics/Prosthetics**
☐	**Z. None of the above**

25

MDS 3.0 – The Mini-series
Section GG

Coding for GG0130 and GG0170 for admission and discharge assessments

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

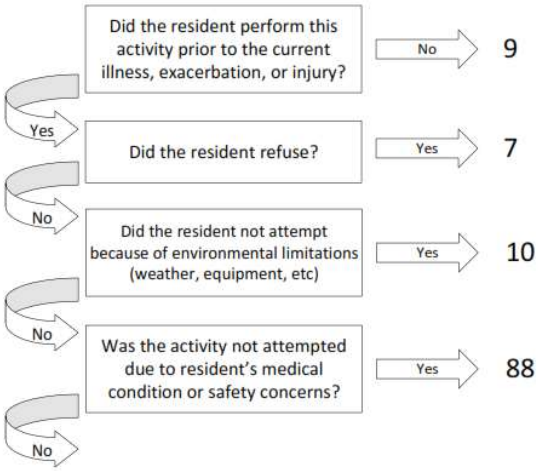
07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

26

26

MDS 3.0 – The Mini-series
Section GG

GG0130
and
GG0170

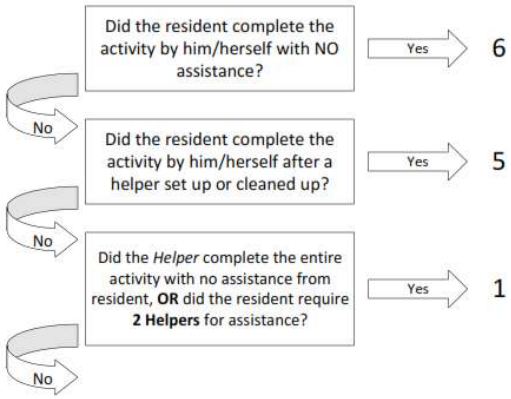


Maine Department of Health and Human Services 27

27

MDS 3.0 – The Mini-series
Section GG

GG0130
and
GG0170

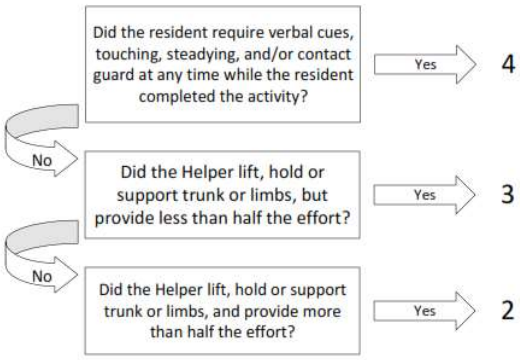


Maine Department of Health and Human Services 28

28

MDS 3.0 – The Mini-series
Section GG

GG0130
and
GG0170



29

MDS 3.0 – The Mini-series
Section GG

Assess the ***resident's self-care performance status*** based on:

- Direct observation and assessment of resident's performance after soon admission
- The resident's self-report
- Reports from qualified clinicians, family and/or care staff

Observations and reports must be documented in the resident's medical record during the three-day admission assessment period, starting with the date in A2400B, Start of most recent Medicare stay.

Look back periods:

Admission: date of admission and the two following calendar days

Discharge: End of the Part A stay (A2400C)* and two prior calendar days

IPA: ARD and the two prior calendar days

OBRA: ARD and the two previous calendar days

30

MDS 3.0 – The Mini-series
Section GG

1. Admission Performance ↓ Enter Code	2. Discharge Goal in Boxes ↓	Section GG0130 – Self-Care:
☐☐	☐☐	A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
☐☐	☐☐	B. **Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
☐☐	☐☐	C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	☐☐	E. **Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
☐☐	☐☐	F. **Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
☐☐	☐☐	G. **Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
☐☐	☐☐	H. **Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

31

31

MDS 3.0 – The Mini-series
Section GG

Eating: Ms. S has multiple sclerosis, affecting her endurance and strength. Ms. S prefers to feed herself as much as she is capable. During all meals, after eating three-fourths of the meal by herself, Ms. S usually becomes extremely fatigued and requests assistance from the certified nursing assistant to feed her the remainder of the meal.

- **Coding:** GG0130A. Eating would be coded 03, Partial/moderate assistance.
- **Rationale:** The certified nursing assistant provides less than half the effort for the resident to complete the activity of eating for all meals

Maine Department of Health and Human Services 32

32

MDS 3.0 – The Mini-series
Section GG

Oral hygiene: Mr. W is edentulous (without teeth) and his dentures no longer fit his gums. In the morning and evening, Mr. W begins to brush his upper gums after the helper applies toothpaste onto his toothbrush. He brushes his upper gums, but cannot finish due to fatigue. The certified nursing assistant completes the activity of oral hygiene by brushing his back upper gums and his lower gums.

- **Coding:** GG0130B. Oral hygiene would be coded 02, Substantial/maximal assistance.
- **Rationale:** The resident begins the activity. The helper completes the activity by performing more than half the effort.

33

MDS 3.0 – The Mini-series
Section GG

Toileting hygiene: Mr. J is morbidly obese and has a diagnosis of debility. He requests the use of a bedpan when voiding or having bowel movements and requires two certified nursing assistants to pull down his pants and underwear and mobilize him onto and off the bedpan. Mr. J is unable to complete any of his perineal/perianal hygiene. Both certified nursing assistants help Mr. J pull up his underwear and pants.

- **Coding:** GG0130C. Toileting hygiene would be coded 01, Dependent.
- **Rationale:** The assistance of *two* helpers was needed to complete the activity of toileting hygiene.

34

MDS 3.0 – The Mini-series
Section GG

3. Discharge Performance Enter Codes in Boxes ↓	Section GG0130 – Self Care: Discharge
☐☐	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
☐☐	**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
☐☐	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
☐☐	**E. Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
☐☐	**F. Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
☐☐	**G. Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
☐☐	**H. Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

35

35

MDS 3.0 – The Mini-series
Section GG

1. Admission Performance ↓ Enter Codes in Boxes ↓	2. Discharge Goal	Section GG0170 – Mobility:
☐☐	☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	☐☐	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	☐☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	☐☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	☐☐	**G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
☐☐	☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
☐☐	☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
☐☐	☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

36

36

MDS 3.0 – The Mini-series
Section GG

1. Admission Performance ↓ Enter Codes in Boxes ↓	2. Discharge Goal	Section GG0170 – Mobility (cont.)
☐☐	☐☐	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
☐☐	☐☐	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
☐☐	☐☐	**N. 4 steps:** The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
☐☐	☐☐	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.
☐☐	☐☐	**P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		☐ **Q1. Does the resident use a wheelchair and/or scooter?** 0. **No** → Skip to GG0130, Self Care (Discharge) 1. **Yes** → Continue to GG0170R, Wheel 50 feet with two turns
☐☐	☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		☐ **RR1. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized**
☐☐	☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		☐ **SS1. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized**

37

37

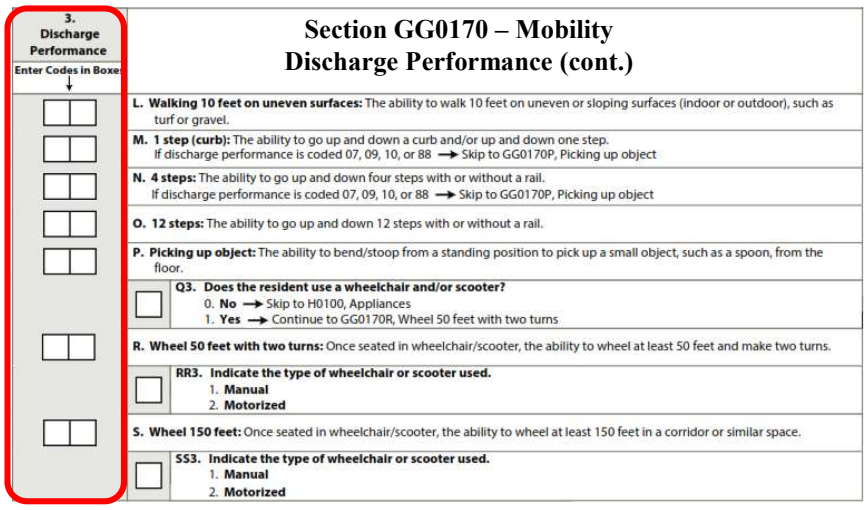
MDS 3.0 – The Mini-series
Section GG

3. Discharge Performance ↓ Enter Codes in Boxes	Section GG0170 – Mobility Discharge Performance (cont.)
☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	**G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

38

38

MDS 3.0 – The Mini-series
Section GG



3. Discharge Performance Enter Codes in Boxes	Section GG0170 – Mobility Discharge Performance (cont.)
☐☐	**L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
☐☐	**M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
☐☐	**N. 4 steps:** The ability to go up and down four steps with or without a rail. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
☐☐	**O. 12 steps:** The ability to go up and down 12 steps with or without a rail.
☐☐	**P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
	☐ **Q3. Does the resident use a wheelchair and/or scooter?** 0. **No** → Skip to H0100, Appliances 1. **Yes** → Continue to GG0170R, Wheel 50 feet with two turns
☐☐	**R. Wheel 50 feet with two turns:** Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
	☐ **RR3. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized**
☐☐	**S. Wheel 150 feet:** Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	☐ **SS3. Indicate the type of wheelchair or scooter used.** 1. **Manual** 2. **Motorized**

39

39

MDS 3.0 – The Mini-series
Section GG

Section GG: Documentation Requirements

- Currently, Section GG is used to calculate the functional score for Health Insurance Prospective Payment System (HIPPS) codes for Medicare Part A skilled services.
- There is a one formula used to calculate the functional score for the nursing groups and a second formula used to calculate the functional score for PT and OT groups.
- Beginning 10/1/2020, Maine will be collecting the PDPM HIPPS codes for standalone OBRA assessments. **This is for data collection purposes so that the state can compare case mix index (CMI) outcomes for long term care assessments using RUG III and PDPM**
- In accordance with the RAI Manual, there must be documentation to support all coding on the MDS.

40

40

MDS 3.0 – The Mini-series
Section GG

Section GG: Documentation Requirements

- In order to code Section GG for the MDS, nursing facilities will need to document ADL services provided for look back periods corresponding with PPS assessments as well as with OBRA assessments.
- The minimum documentation requirements for OBRA assessments is the three day look back period
- It is the responsibility of the facility to ensure that staff understand the meaning of the coding choices and the meaning of the categories for which they are coding.
- This is an opportunity for facilities and staff to better understand Section GG and the impact on payment.
- We will be discussing how functional scores are calculated and impact the case mix index.

41

41

MDS 3.0 – The Mini-series
Section GG

Section GG: Summary

- The items in Section GG are used to calculate the SNF QRP Function quality measure.
- Section GG focuses on *prior function, admission performance, discharge goals, and discharge performance.*
- Functional status is assessed based on the need for assistance when performing self-care and mobility activities. Activities may be completed with or without assistive device(s). Use of assistive device(s) to complete an activity should not affect coding of the activity.

42

42

MDS 3.0 – The Mini-series Session #5

Questions?

Forum call for Nursing Facilities
1st Thursday of the month in February, May, August and November, 1:00-2:00

Call the MDS Help Desk to register!

43

MDS 3.0 – The Mini-series Session #5

Reminders!

- This completes *Session 1* of the MDS 3.0 training. Thank you for attending.
- Ask questions!
- Ask more question!!
- Use your resources (other MDS coordinators, case mix staff, MDS Help Desk, Forum Calls etc.)
- Attend training as often as you need.

44

MDS 3.0 – The Mini-series Session #1

Contact Information:

- **MDS Help Desk**: 624-4095 or toll-free: 1-844-288-1612
  MDS3.0.DHHS@maine.gov
- **Lois Bourque, RN**: 592-5909
  Lois.Bourque@maine.gov
- **Deb Poland, RN, RAC-CT**: 215-9675
  Debra.Poland@maine.gov
- **Christina Stadig RN, RAC-CT:** 446-3748
  Christina.Stadig@maine.gov
- **Emma Boucher RN, RAC-CT**: 446-2701
  Emma.Boucher@maine.gov
- **Sue Pinette, RN, RAC-CT**: 287-3933 or 215-4504 (cell)
  Suzanne.Pinette@maine.gov

Training Portal: www.maine.gov/dhhs/dlrs/mds/training/

45

Questions?

Sue Pinette RN, RAC-CT
Case Mix Manager, State RAI Coordinator
(207) 287-3933

46